INVOICE FORM

*To be used for invoices that are **NOT** associated with a meeting or training (e.g. consultants <$2,500, warehouse rental, etc.)*

Date: _____ **Requesting Coalition:** _____

Requester (Your) Contact Information

Name: _____

Phone Number: _____

Email Address: _____

Organization: _____

Title: _____

Vendor Information

Name or Company/Organization: _____

Street Address: _____

City: _____ Zip Code: _____

Vendor Point of Contact Name: _____

Vendor Point of Contact Phone Number: _____

Vendor Point of Contact Email Address: _____

UGA Vendor Number: _____

Invoice Description

Date	Vendor Name	Invoice Description	Budget Line Item	Total Expense *(attach invoice)*
				$
				$
				$

TOTAL INVOICE DUE: $_____0.00

Comments:

Coalition Facilitator Signature: _____ Date: _____

Coalition Executive Signature: _____ Date: _____

SUBMIT COMPLETED FORM AND INVOICE TO COALITION SUPPORT (coalitionsupport@uga.edu)

UGA Use Only | Received: _____ | Expense Statement Created: _____